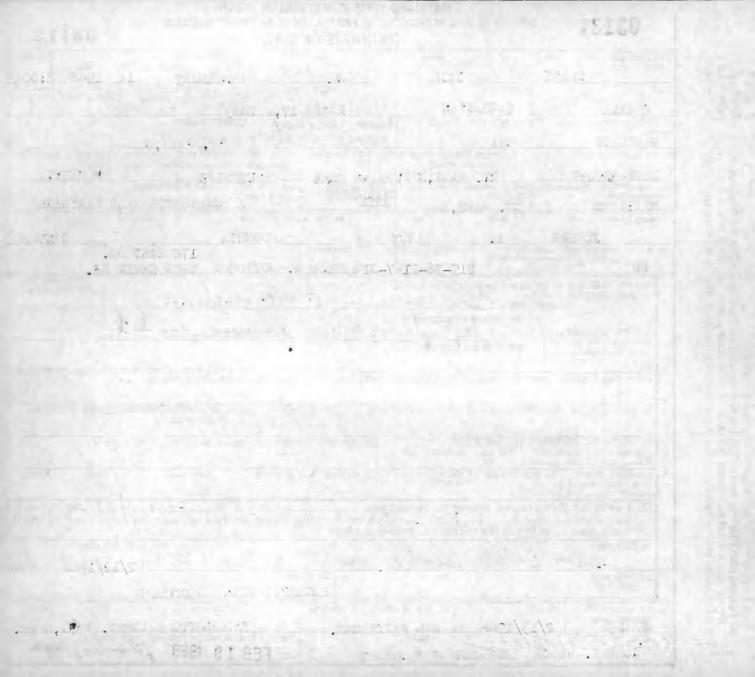
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03130 03111 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Last 20. DATE OF DEATH 2b. HOUR death. deut and (Type ar print) Month funeral BENEDICTA BEAN 968 FEBRUARY ADAMS 10 A M lease remave carban papers. Pages I and in any event, within 72 haurs after 4. RACE 5. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 3. SEX 6. AGE (In years last birthday) DAYS HOURS MONTHS I 9 the FEMALE 9. 1884 WHITE APRIL YRS. within 24 haurs 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) MARYLAND U.S.A. WIDOWED & DIVORCED ST. MARY S campletely filled 12a. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital MARY S HOBPITA during mast at warking life, even if retired.) 12b. KIND OF BUSINESS OR give street address INDUSTRY LEGNARDTOWN 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d, INSIDE CITY LIMITS? 13e. STREET AND NUMBER requires that the death certificate be executed 13b. COUNTY NOX ST MARY S 14. FATHER'S NAME Middle IS MOTHER'S MAIDEN NAME First Middle First Last and STEPHEN BEAN JOHN ANN ELIZABETH FENHAGEN physician 16b. SOCIAL SECURITY NO. 17. INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (If yes give war ar dates of service) Yes, no. ar unknown) burial, cremation, ar remaval, SARAH P. ADAMS VALLEY LEE, MARYLAND APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN CINSET AND GEAT PART I. DEATH WAS CAUSED BY: permit. MMEDIATE CAUSE (a) signed by the burial-transit p Conditions, if any, which gave ; rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19n. DATE OF OPERATION 20a. AUTOPSY? CAUSES OF DEATH? YES T NO Jun TO FUNERAL DIRECTOR: After this certificate 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STREEY, FACTORY, ) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at work 19 6 12, to 22a. I certify that (1) (this-hospital) attended the deceased from (and that in (my) (open opinion death accorded an the date and haur and from the saw the deceased alive an\_ causes stated above, (1) (wet take told not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF PHYS. DEGREE DIRECTOR PHYS 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) JAMES P. JARBOE М. GREAT MILLS. MARYLAND 23a. BURIAL, CREMATION V23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE (County) (State) BEMOYAL (Specify) FEB. 7, 1968 ST. GEORGE CEMETERY VALLEY LEE ST MARY & MARYLAN 250 REC'D BY REGISTRAR DATE B 9 19 **ADDRESS** 24. FUNERAL DIRECTOR 1968 VR A15 (413 30M REV, 1/68 W. CLARKE MATTINGLEY LEONARDTOWN. MARYLAND

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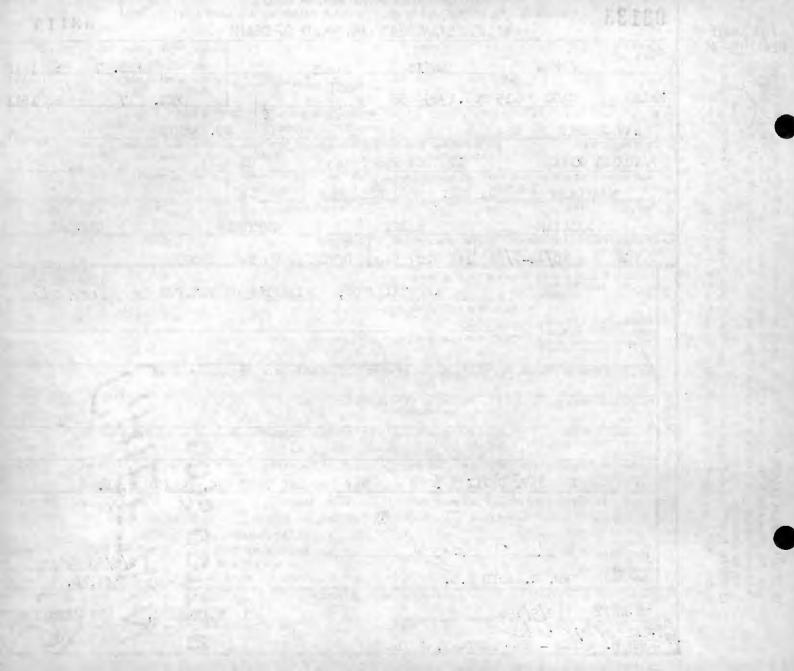


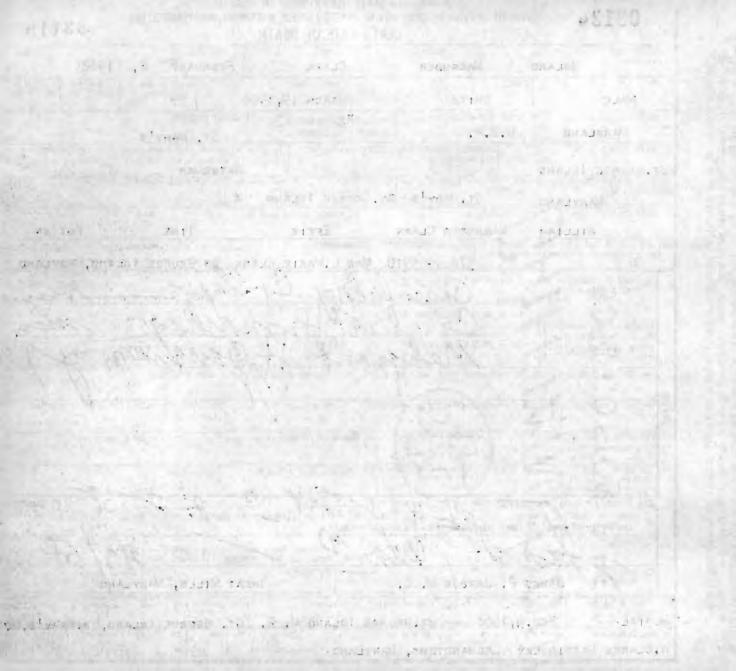
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District and seconds,

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03114 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED-NAME First 20. DATE KNOWN Month Year 2b. HOUR (Type or Print) ESTI-Poge JAMES DEATH MATED LOUIS 1968 1612 6. AGE (In years 3. SEX 4 RACE 5. DATE OF BIRTH IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD 2d. HOUR 15 NOV.1929 MALE CAUC 19 68 1612 YRS MARRIED NEVER MARRIED 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH pencil in Item 18. Give Pages 1, WIDOWED [7] DIVORCED [ USA ST. MARYS JERSEY the Stote. II. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) give street oddress ON HOSPITAL INDUSTRY PATUXENT RIVER 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY CALVERT YES NO F SOLOMONS land2 after 14. FATHER'S NAME First 15. MOTHER'S MAIDEN NAME Middle WILLIAM BARRY GERTRUDE UNKNOWN poges 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (Yes, no. or unknown) (If yes give war or dates of service) 146 2287 560 OFFICIAL US NAVY RECORDS APPROXIMATE INTERVAL within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: permit. the Chief Medical BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) ASPHYXIATION, ASPIRATION OF VOMITUS IMMED. DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a). should writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES K NO T 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) 3 should PRIMARY OR CONTRIBUTING HOUR A.M. cremotion, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. Na. City or Town County State FUNERAL DIRECTOR: Poge factory office building etc.)
NAVY UTILITY BOAT NAV ORD LAB TEST FAC. SOLOMONS, MD. 22a. I certify that I took charge of the remains described above, held on Autopsy 17 Inspection X, Inquiry X, ond in my opinion deoth resulted from: Notural couses , Accident X, Suicide , Hamicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 2/8/68 DEPUTY MEDICAL EXAMINER 5 may 1 10 FUNE Health **EXAMINER'S** ADDRESS(Street, city, town, or county, EONARDTOWN . MD. WM. D. BOYD M.D. NAME (Type) 23a. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY DR CREMATORY 23d. LOCATION (City or Town) (County) 2/9/1968 ELIZABETH. NEW JERSEY ADDRESS 25g. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15ME (5) JOHN M. WELCH - LEONARDTOWN, MARYLAND 10M REV. 1/68





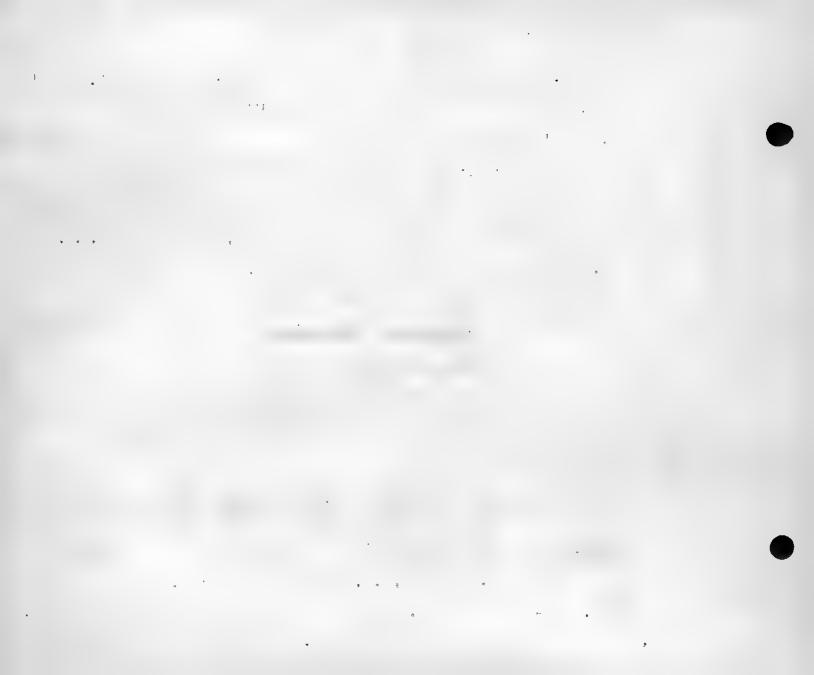
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	(Type or print)	N HENRY	CURTIS	FEBRUARY 27, Day	1968 "
1	3. SEX	4. RACE	S. DATE OF BIRTH	6. AGE (in years	F JNDER 1 YEAR   IF UNDER 24 HRS.
	MALE	NEGRO	JUNE 23, 1	910 last birthday) YRS.	MONTHS DAYS HOURS MAIN
I	To BIRTHPLACE (State or Foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9 COUNTY OF DEATH	
	MARYLAND	U.S.A.	WIDOWED DIVORCED	ST. MARY'S	Md
l	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR IN	STITUTION (If not in hospital 12a U	SUAL OCCUPATION (Kind of work done most of working life, even if retired)	125 KIND OF BUSINESS OR INDUSTRY
l	LEONARDTOWN	'Sт.N	ARY'S HOSPITAL	most of working life, even if retired.) FARMING	ND 00 IKI
ı	odmission) STATE MARYLANI	13b. COUNTY	13C. CITY OR TOWN	Y LIMITS? 13e. STREET AND NUMBER	
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I	WILL			. Liizi widdia	Lost
ł	160. WAS DECEASED EVER IN U.S. AF		SUSAN NO 17. INFORMANT	Address	Young
1		war or dates af service)	ROBERT F. CUR		RYLAND
Ì	1B. CAUSE OF DEATH (Enter of	nly one cause per line for (a), (b), and (c).		1 5.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Ì	PART I. DEATH WAS CAUS	ED BY-	Cardro pula	my fallere	STATES ON STAND OF SAID
1	410-1	DUE TO, OR AS A CONSEQUENCE OF	V \ \	//	
ŀ	Cand tions, if any, which gave rise to immediate cause (a),		unemorchish	e stand driven	- \
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I	PART Z. OTHER SIGNIFICANT CO	INDITIONS CONTRIBUTING TO DEATH BUT N	OL KETALEN TO THE TERWINAT DIZEAZE C	IKCONDITION GIVEN IN PART I(a)	
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ı	190. DATE OF OPERATION 191		YES NO	CAUCES OF DEATHS	
ı				nter nature of injury in Port 1 or Port 2, I	tem 18)
l	G CAUSE OF DE CAUSE OF DE CAUSE OF DE CITÉ d'IN CONTRIBUTING CAUSE OF DE CAUSE	ATH KOUR A.M. Manth Day Year liner) P.M. 11			
ı		PLACE OF INJURY (AT HOME, FARM, STREET, FAR		No. City or Town	County State
ı	at wark at wark			1	
	22o. I certify that (I) (t	his hospital) attended the decease	ed from + / \w/ 19	60, to >-/2-7/, 19	6 . , thot (I) (we) lost
	causes stoted abov	alive on 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2	י בש, and ingrin (my) (מטר) כ, body ofter deoth.	pinian death accurred on the do	te and haur and tram the
	22b. SIGNATURE	1 1		22t. [	DATE SIGNED /
ı	>.	· /aund, M	DEGREE PHYS.	MED. STAFF DIRECTOR PHYS.	1/28/18
Ì	22d. PHYSICIAN'S NAME (Type) S 1		22e ADDRESS	4	
ļ	0.00	WREL M. D.			YLAND
	DESCRIPTION OF STATE		CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
1	24. FUNERAL DIRECTOR	ARCH 1,1968 SACRI	ED HEART CEMETERY	BUSHWOOD ST.  BY REGISTRAR 25b. REGISTRAR 5	MARY S MARYLAN
		GLEY LEONARDTOWN,	200		Hes Judge
ŧ			1 57719[4]	1 1	

1 € 

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 031 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2g. DATE OF DEATH 2b. HOUR 24 hours after death (Type or print) Month MERVELL MILLER DEAN FEE 3:00A IF LINDER 1 YEAR IF UNDER 24 HRS. 4. RACE S. DATE OF BIRTH 3. SEX 6. AGE (In years last birthday) MONTHS DAYS HOLRS 12/13/1904 MALE WHITE YRS 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED X NEVER MARRIED COUNTRY RYLAND ⊆ USA DIVORCED ["" ST. MARYS WIDOWED [77] the ottending physician and completely filled sit permit. Then please remove carbon paper 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o, USUA, OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR cremation, or removal, and in any event, within requires that the death certificate be executed within during most of working life even if retired.) BUILDER LEONARDTOWN HOSPITAL 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13a. USJAL RESIDENCE (Where deceased lived, if institution, Residence before 13b. COUNTY NO YES 🗀 HOLLYWOOD 14. FATHER S NAME Middle IS MOTHERS MAIDEN NAME First First Last WILSON DEAN DIDIDITION OF THE PARTY OF THE GRAVES 16b SOCIAL SECURITY NO. 17 INFORMANT 160, WAS DECEASED EVER IN U.S. ARMED FORCES? Address (If yes give war or dates al service) Yes, no, or unknown) ANN LEOLA DEAN - SAME AS 13c 220 16 4233 MRS. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter anly one cause per line for (a) (b) and (c)
PART ! DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) signed by the ottendii buriol-transit DUE TO, OR'AS A CONSEQUENCE OF Canditians if any, which gave ) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) for use os the b f Heolth prior to b O FUNERAL DIRECTOR: After this certificate has been 19a. DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES 🗍 NOX1 of Heolth 21a ACCIDENT WAS UNDERLYING 216 THME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. (AT HOME, FARM, STREET FACTORY.) 21f. LOCATION Street at R.F.D. No. 21e. PLACE OF INJURY State 21d INJURY OCCURRED City or Town County While hat while at wark 22a. I certify that (1) (this haspital) attended the deceased from JANUARY, 19.67, ta FBB. saw the deceased alive on 8 1968, and that in fmy) (aur) apinian death accurred \_, 1968 \_\_, that (1)}(we) last 1968, and that in (my) (aur) apinian death accurred an the date and haur and from the saw the deceased alive on\_ causes stated obove (i) (we) (did) (did nat) view the body ofter deoth. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING STAFF 2/8/1968 DEGREE DIRECTOR director, poge should be filed 22e, ADDRESS 22d. PHYSICIAN'S NAME (Type) SAMADI LEONARDTOWN MARYLAND 23d LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY (County) 23b. DATE (Stote) 23a. BURIAL, CREMATION, 2/10/1968 JOY CHAPEL CEMETERY HOLLYWOOD MD. 25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **ADDRESS** 30M REV 1/68 WELCH - LEONARDTOWN . MD.



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	. PLACE DF DEAT a. COUNTY				<u> </u>	2. USUAL RESIDENCE 8. STATE	E (Where dece	sed lived, If inst		ce before admission
_	h CITY OD TON	St. Mary			YLAND	Mar	yland		St.	Mary's
l	write RURAL	N (if outside corporat and give nearest town	e limits,	LENGTH OF STA	A IN 10	c. CITY OR TOWN (If		orate limits, writ	te RURAL and	give nearest town)
-		ardtown Spital or institutio	N (if not In hose	Life	addrace\	d. STREET ADDRESS	_ 6			e. IS RESIDENCE
_		_	spital	ortai, give street	auuress)	u. STREET ADDRESS				ON A FARM?
3	. NAME OF DECEASED	Fir		Middle		Last	4. DATE	Month	Da	ay Year
_	(Type or print)	Ch	ristopł	ner To	dd	Fox	DEATH	Februa		1968
5	. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRI	ED 🔲   B	DATE OF BIRTH	9.		FUNDER I YEA Months   Days	IR IF UNDER 24 HRS HOURS   Min.
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						LEGNARDTO		YLAND	U.S.	
1	3. FATHER'S NAN	E				14. MOTHER'S MAID	EN NAME			
_	L.C.		0XX			Barbara	Hon	a Luoma	1	
ď	15. WAS DECEASED Yes, no, or unkown)	EVER IN U.S. ARMED FOR (If yes give war or dates of	RCES? 16. SO service)	CIAL SECURITY N	0. 17.	NFDRMANT		Address		
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L	7	DUE 1	ro //	1/.	_	•				
	Conditions, If		(b) There	cofurit						
	gave rise to cause (a), s		то							
>	underlying caus	e last.	(c)	/						
TIO	PART II. OTHER	SIGNIFICANT CONDITIO	NS CONTRIBUTE	NG TO DEATH BUT	NOT RELAT	ED TO THE TERMINAL D	ISEASECOND	ITIONGIVENINP	ART 1(a) 19	). WAS AUTOPSY PERFORMED?
FICA	1615									res No
CERTIFICATION	20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	WAS UNDERLYING THE CAUSE OF DEAT TIFY MEDICAL EXAMIN	H ER) 20b. DES	SCRIBE HOW INJ	URY OCCUR	RED. (Enter nature of	Injury in Par	t T or Part II of	Item 18.)	
MEDICAL	20c. TIME OF Hour a.		While	→ Nat While —	20e. PLAC factor	E OF INJURY (Home, fa ,, street, office bldg., et	rm, 20f. (C	Ity or town)	(County)	(State)
2			at work _	at work	f /	EE/Z	1/8 :-	2 55 5	10 68	Short (I) from the
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	h	Ellian C	Much	no hi	M.D.	ATTENDING DE L	MED.	STAFF PHYS.	3/11/	28
	22c. PHYSICIA	IN'S			U 191.D.	22d. ADDRESS	INLUIUN L	11119- []	77/1	20
	NAME (T	William	C. Mul	ford.M.	D	Mechani	csvil	le. Mar	vland	
2	3a. BURIAL, CREM	ATION, 23b. DATE T	HEREOF 2	23c. NAME OF C	EMETERY			ATION (City, tov		(State)
	REMOVAL (Sp	2-3-6	8	St.Alo	vsius	Cometery	Le	onardto	own	Md.
1	4. FUNERAL DIRI			ADDRESS		25a. REC	D BY REGIST	RAR 25b. RE	GISTRAR'S SIG	NATURE
	W.Clark	e Matting	ley i	eonard	town,	Md. DATE	B 61	968 //*	Charles ,	Jan Jan
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24 ha d in 1 sers. 72 ha	ÇOUI		U. S. A	١.	WIDOWED 🔀	] DIVORCED [		ST. MA	RY I S		M.d.
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with ban ban with		LEONARDTOWN		ST.A	ARY 6	HOSPITAL	urng masi as v	varking life, even if i	annag )	INDOSIKI	
PHYSICIAN: The law requires that the death certificate be executed within 24 haurs offer, e haspital or attending physician. his certificate has been signed by the attending physician and campletely filled in by the Turistached far use as the burial-transit permit. Then please remaye carban papers. Pages Dept. of Health priar ta burial, crematian, ar remayal, and in any event, within 72 hours after	13a. adm	USUAL RESIDENCE (Where deceased ssian) STATE MARYLAND	lived, if institution 13b. COUNTY ST	Residence befare     MARY 8	13c CITY OR 1	OWN 136. IN RDTOWN YES	ISIDE CITY EIMITS?	130. STREET AND NU	MBER	32	
emo any	14. 1	ATHER'S NAME First	Middle	Last	15	MOTHER'S MAIDEN			Middle		Last
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icate sicia plea , an		WAS DECEASED EVER IN U.S. ARME es, na, or anknown)   (If yes give wor	D FORCES? 1 or dates of service)	6b. SD CIAL SECURITY N		DRMANT		A	ddress L EC	NARDTO	wn,Mo.
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I or cate or u		21 a. ACCIDENT WAS UNDERLYING FOR CONTRIBUTING FACALSE OF DEATH	21b. TIME OF II	NJURY Manth Day Year	21c HO	Y INJURY OCCURRE	D (Enter nature	af injury in Part 🕽 a	r Part 2, Iter	n 18.)	
Pitch Pitch of the first	MEDICAL	(If either, natify medical examine	er) P.M.	19							
JING PHYSICI. by the haspite for this certifi be detached for State Dept. of	Æ	21d INJURY OCCURRED 21e P	LACE OF INJURY (	T HOME, FARM, STREET, FACT FFICE BUILDING, ETC.	ORY ) 21f LOC	ATION Street or F		City or Tawn		County	State
det this det		ULWO'R ULWURK	ome				Le	conardtow	n St	. Marv	Md
by Affel be Sta	1	22a. I certify that (I) (this saw the deceased ali	haspital) atten	ded the decease	d tram and	that in (my) (a	., 19	taaleath accurred ar	, 19	, that (	l) (we) last
TEN ined PR: J		causes stated above,	(I) (we) (did) (d	id nat) view the b	ady after de	ath.	ior) aprilian c	seam accomed an	i ille dale	dila iladi di	io iidiii iiie
A S S S S S S S S S S S S S S S S S S S		22b. SIGNATURE		17		ATTENDING 1	MED.	STAFE	22c. DA	TE SIGNED	G
DIRI Per 3 ed 7		10-/M	6. grvv	in I	DEGRE	11110	DIRECTOR	STAFF PHYS.	1 9.	-13-	00
may tAL page		22d PHYSICIANS NAME (Type) JOHN F	F. FENWIC	w M. D.		22e ADDRESS	1.50	NADRTOWN	Nda myra	A	
Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health priar ta	-				PHILIPPOV AA A	AFILITADY		NARDTOWN,			(0.4-4-)
Page Page Fu direct	230	BURIAL (REMATION, 23b. DA		23c. NAME OF C				LOCATION (City or To		(County)	(State) TTE
	24	FUNERAL DIRECTOR	19,1968	ADDRESS	CHAELS	CEMETER 250.	REC D BY REGIS	TRAR 25b, RE	GISTRAR S SI	GNATURE (1	MACHUSE
VR A15 (4) 30M REV, 1/68		CLARKE MATTING	LEV LEDI		MARYLA		FEB 1	5 1968	y cla	MA AN	1



. 1	phacie		J STATE DEPARTMENT				
0013	BIAIRIO	-	301 W. PRESTON STREET ERTIFICATE OF DE		RYLAND 21201	3312	17
1. DECEASED-NAME (Type or print)	First Robert	Middle	Last	20 DATE OF		<sup>Y</sup> 1968 <sup>ar</sup>	2b HOUR
3. SEX	4. RACE	GRAHAM	HARRIS S DATE OF BIRTH	FEBRU	6. AGE (in years	IF JNDER I YEAR	E DNOER 24 HRS
MALE		₩нітє	JAN. 12	1890	Inst. birthday) 78 YRS.	MONTHS DAYS	HOURS MIN
7o. BIRTHPLACE (Statements)	*	OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF	DEATH		
10. CITY OR TOWN		11 NAME OF HOSPITAL OR INST	WIDOWED DIVORCED	2g USUAL OCCUPATION	MARY 6	I say willia or o	Md.
LEONARD	TOWN,	give street oddress) ST . I	MARY E	uring mast of warking	life, even if retired.)	12b. KIND OF B INDUSTRY	D2IME22 OK
130 USUAL RESIDER admission) STATE	ARYLAND 13b CO		13c CITY OR TOWN 13d. IN  COLRON POINTYES		REET AND NUMBER		
14. FATHER S NAME	First N	iddle Lost	15. MOTHER S MAIDEN		M.ddle		Lost
	RONIE HARRI	·		MARY ALICE	FIDLER		
16a. WAS DECEASED Yes, no, or unknown	EVER IN U.S. ARMED FORCES	inne)			Address		
		215-09-38		E COLT	ON POINT.	MARYLANI	)
18. CAUSE OF PART (. I	EDEATH (Enter anly one caus DEATH WAS CAUSED BY IMMEDIATE CAUSE (	e per line for (a) (b), and (c).)	nery oc	Cosia	<b>3</b>		ATE INTERVAL SET AND DEATH
4/9		O, OR AS A CONSEQUENCE OF					đ
rise to Imme		b)	<u>'</u>				
	nderlying cause DUE T	O, OR AS A CONSEQUENCE OF					
1—		(t)	T RELATED TO THE TERMINAL DISE	Let OD CONDITION DIVE	U IN DARK V/ )		
14.3		INTRIBUTING TO DEATH BUT NO	I KELATED TO THE TERMINAL DISE	ASE OKCOMPITION GIVE	N IN PAKI I(d)		
19g. DATE OF C		FOR WHICH OPERATION WAS PER	FORMED 20a, AUTOPSY?	20b IE	YES, WERE FINDINGS O	ONSIDERED IN CER	TIEVING
19a. DATE OF C	175. 2015/1901	TOK WINCH OF EXAMINE THE FEE	YES T		OF DEATH?	OHEDERLD IN LEK	111 11110
21a. ACCIDEN	WAS UNDERLYING 216	TIME OF INJURY	21c. HOW INJURY OCCURRE	- 1	rv in Part 1 or Part 2	Item 18 )	
9 77 54		R A.M. Month Day Year		(2.110) 110000 01 111	,, 11, 1 01, 1 01 1 01, 2,	110111 14.7	
21d. INJURY ( While No	CCURRED 21e. PLACE OF I	17	ORY.) 21f. LOCATION Street or F	R.F.D. No. City	ar Town	County	State
22o. I cert	ify that (I) (this hospita	of the deceased (did) (did not) view the b	from 2 1 2 3 (or may) (o	., 19 <u>.54</u> , to <u>2</u> . ur) opinian deoth (	129, 19 occurred on the do	<u>&amp; }</u> , that ( ate and havr a	l) (we) last nd fram the
22b. SIGNATUR		3 L- (-	DEGREE PHYS	MED. DIRECTOR	STAFF 22c.	DATE SIGNED	
22d. PHYS CIA NAME (T	N'S LEON BEI	RUBE M. D.	22e. ADDRESS		SVILLE, MA	RYLAND	
23a. BJRIAL, CREM.	ATION, 23b DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATIO	ON (City or Town)	(County)	(Stote)
BORNOVAL (Spe	MARCH 2	,1968 MILDEN	PRESBYTERIAN	SPARK	RICHMON	D. VIRGI	NIA
24 FUNERAL DIREC		ADDRESS	2Sa.	REC'D BY REGISTRAR A.	ASb. REGISTRAR	SIGNATURE	420
W. CLARI	CE MATTINGLEY	LEONARDTOWN.	MARYLAND DAT	MAR 5	300	0	3

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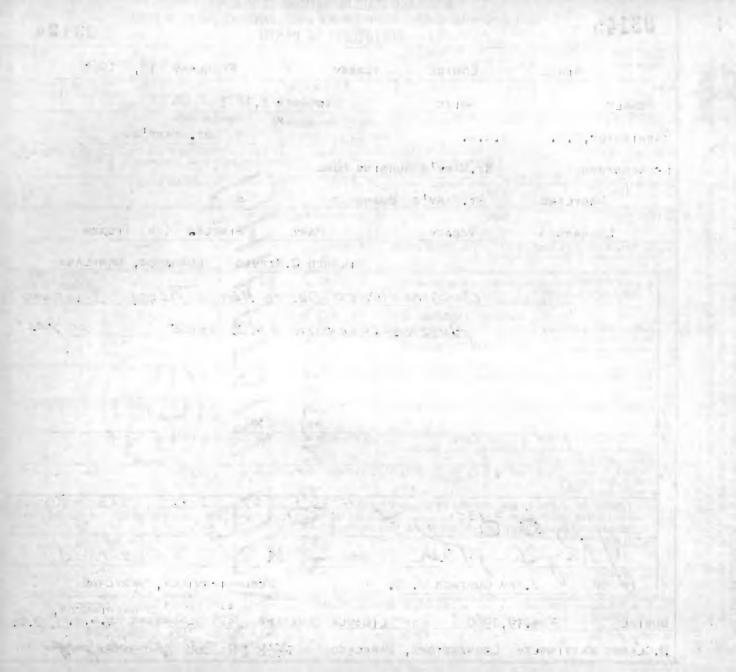
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FOR STATE		0023	, , , , , , , , , , , , , , , , , , , ,				ERTIFICATE					331	24
HEALTH DERIG		ECEASED-NAME	First		M+dd		Lost		2g. D	ATE KNOWN	Month [	Down Year	2b HOUR
lay is 1.3 to Page ent of	1	Type or Print)	JOSE	РН	LEGNARD		POE		DI	OF ESTI-	EBRU	ARY 1968	
delay and 3 t M3. Pag	3 S	Х	4 RACE	S DATE OF BIR	RTH .	6 AGE ( in years	F JNDER 1 YEAR MONTHS DAYS	IF JNDER 2	24 HRS 2c. D	ATE PRONOUNCED [	DEAD		2d HOJI
y delly and PM3.	_	ALE	WHITE	DEC.25		43 YR	5.			Aonth D F <b>∈a.</b>	<sup>)ay</sup> 22.	Year 1968	1
E	7o l	RTHPLACE (Stote	or foreign	7b. CITIZEN OF WH	AT COUNTRY?		ARRIEDNEVER MA		9 COUNTY C	F DEATH			
성호 회	_	MARYL	AND	U.S.A	AUP OF HOODITAL			ORCED		MARY S			N
after death 8. Give Pagi alang with with the Sta		ITY OR TOWN OF		3-A6 2	ame OF HUSPITAL	L OK INSHIUITU	N (If not in hospita	during	most of work	ION (Kind of work ing life, even if rei		25 KIND OF BUSII NDUSTRY	NESS OR
after dec 18. Give P alang wij with the	30	LISUAL RESIDENCE	OWN F (Where decens	ed lived if not t	MARY 5	HOSP [1]	AL D.O.A	3d INSIDE C TY .	MIST ISE	TOFFT AND MILARE	D		
=	G	imission) STATE	MARYLAN	13b. COUNTY 8	T.MARY	s Sт.(	EORGE 16	LAND	0 <b>%</b>	TREE MIND HOMIDE	Ν.		
haurs Item 18 Office I and 2 after d	.4 F	ATHER S NAME	First	Madle		Last	15. MOTHER'S MA		First	Middi	le	Last	
24 h in the 's O			CHARLE	s LEON	ARD P	OE	EVA		М.		[	BELL	
hin 24 nal in niner's pages haurs		WAS DECEASED EV	ER IN U.S. ARMED I		16b. SOCIAL SECU	JRITY NO.	17. INFORMANT			ADDRESS			
I within n pencil Examine Examine File page	,,	03, 110, GI OTKITOW	(1 yes give	And all ordes as zervice)			EVA.M.Po	E S	GEORG	E SLAND	MA	RYLAND	
E		18. CAUSE OF	<b>DEATH</b> (Enter on EATH WAS CAUSED	y one couse per li	ne far (a), (b), a	nd (c).)						APPROX MATE I BETWEEN ONSET A	NTERVAL NND DEATH
xecuted Inding's in Medical I permit. I		FARI D		TE CAUSE (a)			CORONARY	INFA	RCTION			IMMED1A	TE
be executed "pemding" in ite Medical E unsit permit. E event within		Conditions if a	ny, which gave )		AS A CONSEQUE	NCE OF							
d bi		rise ta immedi	ote couse (a), {	(b)	AS A CONSEQUE	MCE OF							
		stoting the unit	derlying couse	DOL TO, OK	NO N CONDEGUE	INCE OI							
s certificate she, writing the farwarded to 1 used as a buildensol, and in		PART 2 OTHER S	IGNIFICANT COND	(c) iTiONS_CONTRIBUTI	NG TO DEATH BU	JY NOT RELATED	TO THE TERMINAL D	DISEASE OR C	OND THON GIVE	N IN PART 1(n)		<u> </u>	
certificate writing th irwarded t issed as a l		- 60,											
	CAT ON	19a DATE OF OI	PERATION		19b CONDITION WAS PERFO		ERATION		***			20 AJTOPSY?	)
	CERTIFICAT											YES 🗌	NO X
		21a EXTERNAL OF PRIMARY OF	ALSE WAS CONTRIBUTING [		NJURY Month, Di M.	oy, Year	21c HOW INJURY OF	CCURRED (Ent	rer nature af ii	hury in Part I ar P	fart 2 Item	18)	
NER cer cer hau les. sha sha sha stiar	MEDICAL	CAUSE OF DEATH	1	PLACE OF INJURY (A		19	014 (0747 01) 54	D.C.D. III-		C. T			
EXAMINER: ute the certi age 4 shauld your fles. Page 3 shau cremation,	-	WHILE NO		tory, office building	g, etc.)	rreei,	211 LOCAT ON Street	diki D. No.		City or Town		County	State
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please a recta retaine DIREC or ta b		abam to.	- M	^ ^	~ (E), A		_	EF MEDICAL I			anser F		
e		ACTUAL SIGNATURE	1/1/2	ud /	Sa. L				CAL EXAMINER	22	b DATE SI	GNED	
		FYAMINER'S			70		DEP	PUTY MED CAL	EXAMINER 1	<u> </u>	FEB.	22,1968	
to DEPUTY necessary, the funeral 5 may be TO FUNERAL Health pri		NAME (Type)		D. Boy				DRESS(Street,	city, town, or				
10 To He		BURIAL, CREMAT REMOVAL (Special BURIAL	101	DATE	.		OR CREMATORY			TION (City or Town)	,	County) (Sta	MARY
		FUNERAL DIRECTO		в.24,196	ST ST	ADDRESS	E ISLAND	METHO	DE ST ST	GEORGE	SLA	ND ST.MA	RY 5
VR A15ME [5]				ry I ros	IA DATOWA		4.110	FE FE	B 2 6	1968 REGIS	Chan	SNATURE TOURS	38

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03127 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. DECEASED-NAME Middle First 2a. DATE KNOWNET Month Day Yeor 2b. HOUR (Type or Print) ESTI Poge J. WEST DEATH MATED FEB. 1968 Iny delay i 2, and 3 t IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years 2c. DATE PRONOUNCED DEAD 2d. HOUR Doy 4/1/1929 38 19 68 MALE STTHW 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NINEVER MARRIED WIDOWED I DIVORCED [ TENN. USA ST. MARYS Give Pages To S deoth 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH during most of working life, even if retired.)
SELF EMPLOYED give street address MARYS HOSPITAL STATION LEONARDTOWN Office olong 13a. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER death. l and 2 with admission) STATE MARYLAND 13b. COUNTY YES NO Y CALIFORNIA hours Item 18 after Middle Lost IS. MOTHER'S MAIDEN NAME First Middle 14. FATHER'S NAME Last BROWN HULA CURTIS WEST PEAR .5 the Chief Medical Examiner's hours poges 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** pencil within (Yes, no, or unknown) SAME AS 13 413 36 9131 MRS. GENEVA C. WEST File APPROXIMATE INTERVAL = within executed 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH permit. PART I. DEATH WAS CAUSED BY: pending IMMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if any, which gave rise to immediate cause (a). writing the word certificate should duy DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse -10 PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) forwarded used 20. AUTOPSY? 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? YES [ the certificate. pe should be 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) b 3 should PRIMARY TOR CONTRIBUTING CAL EXAMINER: CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street gr R.F.D. No. City or Town factory affice building, etc.) FUNERAL DIRECTOR: Poge J AT WORK pleose exerute burio 22a. I certify that I taak charge of the remains described above, held an Autopsy ... Inspection -Inquiry and in my apinian Undetermined manner death resulted fram: Natural causes Accident Suicide Hamicide CHIEF MEDICAL EXAMINER **ACTUAL** 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUT DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 may ro FUNE Health ADDRESS(Street, city, town, or county) LEONARDTOWN. ST. MARYS NAME (Type) BOYD M.D 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23g. BURIAL, CREMATION, (County) REMOVAL (Specify) TRINITY MEM. CARDENS WALDORF CHARLES MARYLAND 25b. REGISTRAR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 1968 Milauri Bo VR A15ME (5) WELCH - LEONARDTOWN . MD.

